

SELF DEFENSE CLINIC (Judo Based Curriculum/USJF Sanction #)

Women of any age are welcome without prior martial sports experience



Do you work or exercise alone?



Are you going to college for first time in the Fall?



Do you live alone?



Could your work place you in “harms way”? Realtor, delivery person, health care provider, etc.



Do you simply want to become more confident?



Have you ever fallen awkwardly and gotten hurt?

If you answered yes to any of the above, then this course is for you!

WHEN: Saturday, June 16th and June 30th from 10:30 to 12:15 PM (Class size limited to 25)

LOCATION: 1771 Star Batt Dr., Rochester Hills, MI, just east of Crooks/North of M59 (look for Speedway Gas Station)

SYLLABUS:

- Self-defense and falling disciplines/awareness
- Introduction to basic self-defense techniques and legal perspective (what does “stand your ground mean”?)
- Participation with others in a safe and supportive environment
- Another more comprehensive course series (4 classes) will be offered at later date

INSTRUCTORS:

- Steven DeRaedt, Certified Self Defense Instructor and 5th Degree Black Belt in Judo
- Tomas Gomez, Certified Self Defense Instructor, and 1st Degree Black Belt in Judo
- Steve Curtis, Oakland County Sheriff, and 1st Degree Black Belt in Judo

ATTIRE: Comfortable long sleeve/pants clothing, (i.e. workout clothing)

FEE/WAIVER (see attached): \$30 if preregistered by June 5th, Register in advance with a friend and save \$5 each, Family (three or less) for \$70, register at the door \$35. Students (college, or high school) \$20. If you have attended a prior workshop of mine, you can refresh your skills for only \$10 for this session. Free to OU Judo Club students.

***RSVP and questions:** Steven DeRaedt @ 248 709 9330, or stevendmich@aol.com. Mail pre-registrations to 5747 Kirkridge Trail, Rochester Hills, MI 48306

Self Defense Workshop Sanctioned by USJF (please fill out form with attached waiver)

Check Date: _____
June 16th June 30th

Registration Form:

Name: _____

Address: _____

Date of Birth: _____

Phone: _____

Email: _____

Emergency Contact #: _____

Current Registration (if any) USJF # _____ USJA # _____ USJI # _____ Expiration Date: _____

Dojo Affiliation (if any) _____

Goal for class (What would you like to work on most, or fear/concern you have):

Are there any medical, physical, or emotional conditions that we should be aware of that could interfere with your participation in this workshop? Please list and/or advise the instructor of any special conditions privately.
